

Life Spirit Speech Pathology, Inc. 26284 Oso Road, Suite 114 San Juan Capistrano Ca. 92675

I (parent/guardian) agree to be available within the clinic facility in order to pick-up the patient at the completion of services. Life Spirit Speech is not able to monitor our patients after the completion of their service.

HIPAA NOTICE OF PRIVACY PRACTICES:

Please initial to indicate that you have received a copy of our privacy practices

_____ I have been given a statement of privacy practices

I authorize Life Spirit Speech Pathology, Inc (LSSPI) therapists to provide care for my child and hereby authorize LSSPI to release any medical information necessary to process insurance claims:

Physician referral may be necessary for processing of patient visits: It is the patient or parent's responsibility to have this information forwarded to LSSPI.

Signature _____ Date: _____
Print Name: _____